



Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention  
Underground Storage Tank (UST) Program  
**UST - Tank and Piping Registration Module**

MassDEP Facility Account # \_\_\_\_\_

DFS Facility ID # (if known) \_\_\_\_\_

**Note:** If this is a new registration, MassDEP will provide you with a Facility Account Number.

**Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Check off desired function. Complete this form and submit it with the Cover Sheet/Certification Form.

☐ New Tank and Piping Registration

☐ Amend/Edit Existing Tank and Piping Information

**A. Legal Owner of UST(s)**

a. Individual/Organization Name \_\_\_\_\_

b. Contact Name \_\_\_\_\_

c. Address 1 – Note: Enter mailing address of the Owner. \_\_\_\_\_

d. City/Town \_\_\_\_\_

e. Business Phone Number \_\_\_\_\_

**B. Facility Information**

a. Facility Name \_\_\_\_\_

b. Address 1 – Note: Enter physical street address (no P.O. boxes). \_\_\_\_\_

c. City/Town \_\_\_\_\_

**Notes:** If this is a new registration, MassDEP will provide you with unique Tank ID numbers.

For un-split tanks, tank IDs are numbers (1, 2, 3, etc). For split tanks, each tank compartment must have a unique Tank ID number (e.g. 2a, 2b). Fill out the information for each compartment by placing the compartment tank ID at top of a column

For split tanks, give capacity of each compartment in each column, not the total capacity of the tank.

**C. Tank and Piping System Registration**

Complete this section for each tank or for each tank compartment, as applicable, on the site. Place unique MassDEP-assigned Tank ID number at top of each column. Make additional copies, if needed.

1.0 Tank Basic Description.	Tank ID: _____	Tank ID: _____	Tank ID: _____	Tank ID: _____
a. Owner's Designation (e.g. Middle Tank, Location #, "Regular", etc.)				
b. Tank Serial Number (if known)				
c. Date of Installation (MM/DD/YYYY; enter 05/08/1986 if unknown)				
d. Is this a split (compartment) tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Capacity of tank/compartment (Gallons)				

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DFS Facility ID # (if known)

<b>1.0 Tank Basic Description.</b>	Tank ID: _____	Tank ID: _____	Tank ID: _____	Tank ID: _____
f. Contents/Regulated Substance ( <i>check one</i> ):  <div style="text-align: right; padding-right: 20px;"> Gasoline Diesel Biodiesel E 85 #2 Fuel Oil #4 Fuel Oil #6 Fuel Oil Kerosene Jet Fuel Aviation Gasoline Lube Oil Motor Oil Waste Oil Hazardous Material* Hazardous Waste* Other; please specify* </div>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
g. If storing gasoline or diesel, what is its use? ( <i>check all that apply</i> ):  <div style="text-align: right; padding-right: 20px;"> Motor Vehicle Marina Aviation Railroad Emergency Power Generation Other; please specify </div>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
* Only if hazardous material(s), hazardous waste(s) or other regulated substance(s) are checked above, complete all applicable fields below.				
h. Hazardous Material(s): CAS Number(s)				
i. Hazardous Waste(s): RCRA Number(s)				
j. Mixture of Substances: Product Name(s) / CAS Number(s)				
k. If Other Regulated Substance, please describe:				

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**C. Tank and Piping Registration (continued)**

**Note:** Bare steel USTs must be either cathodically protected, lined, or removed.

**Note:** USTs installed after 1988 must be double-walled.

**Note:** Tanks could be relined until August 8, 2007.

2.0 Tank Construction	Tank ID: _____	Tank ID: _____	Tank ID: _____	Tank ID: _____
a. Tank construction material: <div style="text-align: right;"> Bare Steel  Cathodically Protected Steel  Fiberglass Reinforced Plastic (FRP)  Composite (Steel w/Fiberglass Reinforced Plastic)  Composite (Steel w/High Density Polyethylene;HDPE)  Concrete  Other; please specify _____ </div>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b. Type of tank construction: <div style="text-align: right;"> Single-Walled  Double-Walled  Other; please specify _____ </div>	<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> _____
c. Was the tank relined?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Does the tank's excavation zone have a secondary impermeable barrier?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

3.0 Product Piping Construction	Tank ID: _____	Tank ID: _____	Tank ID: _____	Tank ID: _____
a. Product piping construction material: <div style="text-align: right;"> Bare Steel  Cathodically Protected Steel  Fiberglass Reinforced Plastic (FRP)  Copper  Flexible  Other; please specify _____ </div>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
b. Product piping type of construction: <div style="text-align: right;"> Single-Walled  Double-Walled  Other; please specify _____ </div>	<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> _____
c. Product piping type ( <i>check only one</i> ): <div style="text-align: right;"> Pressurized  Suction with check valve at Dispenser (European)  Suction with check valve at UST (non-European)  Gravity Head at Dispenser (gravity fed) </div>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
d. How many product piping runs are there per tank/compartments? (enter number)				
e. For gravity fed systems <i>only</i> , is there a device, such as a solenoid valve, installed to prevent gravity flow from the tank in case of piping failure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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**C. Tank and Piping Registration (continued)**

4.0 UST Installation Compliance	Tank ID: _____	Tank ID: _____	Tank ID: _____	Tank ID: _____
a. Is the contractor responsible for installing the following UST system components certified by the respective manufacturers to install them?				
i. Tank & Piping	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
ii. Corrosion Protection for Tank & Piping	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
iii. Leak Detection for Tank & Piping	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b. Indicate who inspected the UST installation ( <i>check all that apply</i> ).	<input type="checkbox"/> TPI <input type="checkbox"/> PE <input type="checkbox"/> Fire	<input type="checkbox"/> TPI <input type="checkbox"/> PE <input type="checkbox"/> Fire	<input type="checkbox"/> TPI <input type="checkbox"/> PE <input type="checkbox"/> Fire	<input type="checkbox"/> TPI <input type="checkbox"/> PE <input type="checkbox"/> Fire
c. Did contractor complete manufacturers' installation checklists?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Was installation carried out in accordance with manufacturer's recommendations, accepted engineering practices, and the regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Note:**  
TPI = Third Party Inspector  
PE = registered professional engineer  
Fire = local Fire Dept

5.0 Tank and Piping Leak Detection	Tank ID: _____	Tank ID: _____	Tank ID: _____	Tank ID: _____
a. Type of <b>tank</b> leak detection:				
Automatic Tank Gauging (ATG, static)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuous In-Tank Leak Detection System (CSLD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial Space Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statistical Inventory Reconciliation (SIR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soil Vapor Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If Not Applicable, describe exemption:				
c. Tank interstitial space is filled with:				
Liquid (Brine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air (Dry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure/Vacuum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Note:** All USTs installed after 1988 must have interstitial monitoring.

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**Notes:**

•All pressurized piping needs an ALLD *and* one other method of leak detection.

•All pressurized piping installed after 1988 needs interstitial space monitoring.

•Non-European Suction needs either interstitial space monitoring, vapor monitoring, SIR, or line tightness test.

• Exempt piping such as European suction does not require line tightness testing.

**Note:** If question g is Yes, then no periodic line tightness test is needed.

<b>C. Tank and Piping Registration (continued)</b>				
<b>5.0 Tank and Piping Leak Detection (continued)</b>	Tank ID: _____	Tank ID: _____	Tank ID: _____	Tank ID: _____
d. Type of <b>pipe</b> leak detection ( <i>check all that apply</i> ):				
Interstitial Space Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Automatic Line Leak Detector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic Automatic Line Leak Detector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statistical Inventory Reconciliation (SIR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soil Vapor Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line Tightness Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. If Not Applicable, describe exemption:				
f. Can ALLD detect 0.1 gph at the equivalent of 1.5 times the operating pressure with a 100% probability of detection and 0% probability of false alarm? If Yes, answer question g.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. If Yes, will you use this capability in lieu of annual pipe tightness testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Vendor Name used for SIR (if applicable)				
i. Soil Vapor Monitoring:				
Monthly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>6.0. Overfill Prevention &amp; Spill Containment/ Prevention</b>	Tank ID: _____	Tank ID: _____	Tank ID: _____	Tank ID: _____
a. Is a spill containment device installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If a spill containment device/bucket is installed, what is the size of the spill bucket (gallons)				
c. Indicate overfill prevention device installed ( <i>check all that apply</i> ):				
Automatic Shut-Off Float Valve (AS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ball Float Valve (BFV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Level Alarm (HLA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. If None or Other, please explain.				

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**C. Tank and Piping Registration (continued)**

<b>6.0. Overfill Prevention &amp; Spill Containment/ Prevention (continued)</b>	Tank ID: _____	Tank ID: _____	Tank ID: _____	Tank ID: _____
e. Is a shear valve/impact valve installed at the base of each individual island-type dispenser ( <i>pressurized piping only</i> )?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

<b>7.0 Tank / Piping Corrosion Prevention</b>	Tank ID _____	Pipe _____	Tank ID _____	Pipe _____	Tank ID _____	Pipe _____	Tank ID _____	Pipe _____
a. Type of Corrosion Protection:								
Sacrificial Anode	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impressed Current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-metallic UST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Did tank come equipped with corrosion prevention from the manufacturer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
c. If No, was corrosion prevention system designed by corrosion expert and installed and tested under his/her supervision?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
d. Are any metallic product pipe fittings (that routinely carry product) in contact with soil?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
e. If Yes, are these pipe fittings cathodically protected?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>8.0. Daily Inventory Control</b>	Tank ID: _____	Tank ID: _____	Tank ID: _____	Tank ID: _____
a. Primary inventory control method used:				
Manual Gauging (Dip Stick & Records)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Tank Gauge/Records Reconciliation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Tank Gauge/ Records Reconciliation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If Not Applicable, describe exemption.				